

National Institute on Alcohol Abuse and Alcoholism Division of Biometry and Epidemiology Alcohol Epidemiologic Data System

SURVEILLANCE REPORT #48

LIVER CIRRHOSIS MORTALITY IN THE UNITED STATES, 1970–95

Forough Saadatmand, Ph.D. ¹ Frederick S. Stinson, Ph.D. ¹ Bridget F. Grant, Ph.D., Ph.D.² Mary C. Dufour, M.D., M.P.H.²

1 CSR, Incorporated Suite 200 1400 Eye Street, N.W. Washington, DC 20005

 Division of Biometry and Epidemiology National Institute on Alcohol Abuse and Alcoholism Willco Building, Suite 514 6000 Executive Boulevard Bethesda, MD 20892-7003

December 1998

U.S. Department of Health and Human Services Public Health Service National Institutes of Health

CSR, Incorporated, operates the Alcohol Epidemiologic Data System (AEDS) under Contract No. N0AA82014 for the Division of Biometry and Epidemiology, National Institute on Alcohol Abuse and Alcoholism

HIGHLIGHTS

This surveillance report published by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) presents trends in liver cirrhosis mortality in the United States. Data were compiled on the underlying cause of death from public use data tapes published annually by the National Center for Health Statistics (NCHS). Overall cirrhosis mortality in the United States increased steadily following the end of Prohibition in 1933 until 1973, when the age-adjusted death rates peaked at 14.9 deaths per 100,000 population. Cirrhosis mortality then began a steady decline that has continued through 1995, the most recent year for which data are available. The following are highlights of liver cirrhosis mortality trends from the early 1970s through 1995:

Unadjusted Death Rates

- Unadjusted death rates from liver cirrhosis dropped by 37.7 percent, from 15.4 deaths per 100,000 population in 1970 to 9.6 deaths per 100,000 population in 1995. This decrease was consistent for the race—sex groups considered.
- Unadjusted death rates from alcohol-related liver cirrhosis dropped by 16.4 percent, from 5.5 deaths per 100,000 population in 1970 to 4.6 deaths per 100,000 population in 1995.

Age-Adjusted Death Rates

- Age-adjusted death rates from liver cirrhosis dropped by 47.3 percent, from 14.6 deaths per 100,000 population in 1970 to 7.7 deaths per 100,000 population in 1995. The decline in the rates was consistent for each race—sex group, except that rates for black females dropped by 65.5 percent and for black males by 55 percent.
- Age-adjusted death rates from liver cirrhosis for males were consistently more than 2 times the rates for females regardless of race.
- Age-adjusted death rates from alcohol-related liver cirrhosis dropped by 25.9 percent, from 5.4 deaths per 100,000 population in 1970 to 4.0 deaths per 100,000 population in 1995. This pattern was consistent for all race—sex groups considered. For females, the magnitude of the decline was almost double the decline for males regardless of race.

Age-Specific Death Rates

• From 1970 through 1995, age-specific death rates from liver cirrhosis decreased among decedents ages 25 to 74; however, among decedents ages 75 and older, cirrhosis mortality increased during this same period.

INTRODUCTION

This surveillance report on liver cirrhosis is one of a series of four reports published annually to detect changes in trends in alcohol consumption and alcohol-related morbidity and mortality in the United States. These surveillance reports are prepared by the Alcohol Epidemiologic Data System (AEDS), Division of Biometry and Epidemiology (DBE), NIAAA, and are intended to be useful to researchers, policymakers, and other professionals interested in alcohol abuse and its long-term effects. The data also are essential in assessing changes toward meeting

the Nation's health promotion and disease prevention objective to reduce liver cirrhosis mortality by 34 percent over the years from 1987 to 2000 (Department of Health and Human Services [DHHS] 1991).

Background

Cirrhosis of the liver is an outcome of a variety of causes including alcohol consumption, viral hepatitis, exposure to various drugs and toxic chemicals, and other viral and infectious diseases (Dufour et al. 1993). Researchers estimate that alcohol consumption is a major contributor in 41 to 95 percent of deaths from cirrhosis and the related condition of alcohol hepatitis (Day 1977).

Based on this range, in 1995 some 10,391 to 24,078 of deaths due to cirrhosis may be attributed to excessive alcohol use.

The level and duration of alcohol consumption are important determinants in the development of liver pathology. Being the primary site for detoxification of alcohol by oxidation to its metabolites, the liver can undergo the following pathologies: fatty liver, alcoholic hepatitis, and cirrhosis. The prognosis for patients with cirrhosis is highly unpredictable. Although some patients can benefit from a liver transplant, no method exists for repairing liver damage associated with cirrhosis. However, the consequences of this disease can be treated, and life can be prolonged if patients with cirrhosis resulting from alcohol consumption abstain from further alcohol use. Thus, early detection and prevention are important in prolonging life.

The coding scheme used in the United States to classify cause of death is the International Classification of Disease (ICD), a statistical classification of disease and injury universally used by countries supporting mortality-reporting systems. ICD codes allow the determination of cause of death from cirrhosis to be related to alcohol or not related to alcohol. Because some stigma still exists for excessive alcohol use, physicians and other officials who certify causes of death might not identify alcohol in the case of a death from cirrhosis, feeling they are protecting family members. From 1970 through 1995, only 35 to 48 percent of all cirrhosis deaths were coded as alcohol related, even though researchers believe alcohol may contribute to up to 95 percent of all deaths from cirrhosis. For this reason, this surveillance report examines all cirrhosis deaths, as well as those that are explicitly coded as alcohol related.

Sources and Limitations of Data

The number of deaths and rates in this report are based on a single underlying cause for each death, defined as "the disease or injury which initiated the train of morbid events leading directly or indirectly to death or circumstances of the accident or violence which produced the fatal injury" (NCHS

1982). This approach is straightforward and consistent with other mortality statistics reported by NCHS. However, the underlying cause-of-death statistic "excludes information pertaining to the immediate cause of death, contributory causes, and those causes that intervene between the underlying and immediate causes of death" (Chamblee and Evans 1986). Therefore, underlying cause-of-death data do not fully reflect the total contribution of any particular disease to overall mortality.

For 1970 through 1995 cirrhosis death records were extracted from public use mortality data tapes produced by NCHS. With one exception these tapes contain individual records for each death occurring in the United States. (The single exception is data for 1972, which are based on a 50-percent sample of all U.S. deaths.) The deaths counted in this report are for U.S. residents only; deaths of foreign residents in the United States are not counted. Mortality statistics for the years 1910 through 1969 were taken from special reports published by NCHS, as summarized and described in an NIAAA data reference manual on cirrhosis mortality (NIAAA 1985). These reports were prepared from numbers obtained through States' death registration offices. Data prior to 1933 did not include all registration States. The changing composition of death registration States impedes the process of obtaining comparable mortality data for the United States prior to 1933.

Population data used in calculating the rates for 1970, 1980, and 1990 come from the Decennial Census enumerations conducted during those 3 years. For other years in the three decades reported here, population data come from intercensal estimates developed for the National Cancer Institute by the U.S. Bureau of the Census. Small differences between the rates reported here and those reported in earlier surveillance reports result from recent adjustments in intercensal estimates for some years in the 1980s based on the 1990 Decennial Census enumeration.

Definitions and Subclassifications of Liver Cirrhosis

During the period for which mortality statistics are shown in this report, cause of death was classified according to eight different revisions of what is now the ICD. The ICD is revised periodically to reflect progress in medical knowledge, with later revisions generally providing greater specificity of coding.

The eighth (NCHS 1968) and ninth (World Health Organization 1978) revisions of the ICD (introduced in 1968 and 1979, respectively) provide for coding categories of cirrhosis with and without mention of alcohol. The eighth revision, abbreviated "ICDA-8," was specially adapted for use in the United States. The ninth revision, ICD-9, uses categories for cirrhosis different from those of the ICDA-8. To examine trends for comparable diseases from 1970 through 1995, ICD-9 categories must be matched and recoded to those consistent with ICDA-8 categories. The relevant crosswalk is shown in the table below, developed by AEDS staff in conjunction with NIAAA's DBE (Colliver et al. 1984). In this report, all data for cirrhosis subclassifications are identified by ICDA-8 categories. As can be seen under ICD-9 in the

crosswalk table, AEDS includes portal hypertension (ICD 572.3) among cirrhosis deaths. Because NCHS counts only ICD 571 under the ICD-9 version, NCHS' numbers are slightly smaller than those reported by AEDS.

Race or Ethnicity of Decedent

Data are presented in this report by white and black race categories, with other races such as American Indians/Alaska Natives and Asians/Pacific Islanders included in the "all race" category but not separately. Decedents of Hispanic origin may be counted as either white or black, depending on their race. Data for decedents of Hispanic origin are not reported separately because information about ethnicity is not recorded on death certificates in all States.

METHODS

Simple statements of disease frequency, expressed as the number of deaths due to liver cirrhosis, have little epidemiologic usefulness because such information does not permit comparisons of mortality experience among various population subgroups or the description of trends over time. For common epidemiologic purposes, death rates are used to compare the frequency of death from a disease or condition. The following measures of

Crosswalk of ICD-9 codes to ICDA-8 codes

	ICD-9		ICDA-8
571.0 571.1 571.2 571.3	Alcoholic fatty liver Acute alcoholic hepatitis Alcoholic cirrhosis of the liver Alcoholic liver damage, unspecified	571.0	Alcohol-related liver cirrhosis
571.4 571.6 571.8 572.3	Chronic hepatitis Biliary cirrhosis Other chronic nonalcoholic liver disease Portal hypertension	571.8	Specified liver cirrhosis without mention of alcohol
571.5 571.9	Cirrhosis of the liver without mention of alcohol Unspecified chronic liver disease without mention of alcohol	571.9	Unspecified liver cirrhosis without mention of alcohol

disease frequency are used in this report to assess trends in liver cirrhosis mortality:

- *Unadjusted (or crude) death rates.-*Unadjusted (or crude) death rates are summary measures calculated by dividing the total number of deaths due to cirrhosis (or subcategories) in the population in a certain year by the total number of individuals in that population in that year (i.e., population at risk). In comparing crude rates between various years to assess any change of trends in mortality, problems can arise because the populations at risk may be different with respect to an underlying characteristic such as age, race, or sex. For example, crude rates for an older population tend to have higher rates of death for a target disease than a younger population because death from disease is more common in an aging population. In this case comparisons of rates in different populations should be assessed by comparing age-specific rates or ageadjusted rates.
- Age-specific death rates.-Age-specific death rates refer to the number of deaths due to liver cirrhosis (or subcategories) in a defined age interval for a given year, divided by the total number of persons in that age interval in that year. For a given age interval examining age-specific rates for various years allows comparison of mortality experience among subgroups of the population that do not differ in their age distribution. Age-specific rates also provide a basis for detailed study of the variation of mortality experience among different age intervals in any one year.
- Age-adjusted death rates.-Age-adjusted death rates are statistically constructed summary rates that account for the difference in mortality experience regardless of any difference in the age distribution between populations. Age adjustment assumes that populations have the same age distribution and applies a standard age-distribution to calculate age-adjusted rates for various populations. Therefore, when comparing age-adjusted

rates of two populations, any differences between the rates can no longer be due to the difference in the age distribution between the two populations. Ageadjustment is especially crucial for standardizing rates over many years because the U.S. population has been growing progressively older in recent decades; without age adjustment, any apparent increases in unadjusted mortality rates for cirrhosis (or any other disease) could be caused by the fact that older people are more likely to die from disease.

Age-adjusted death rates presented in this report were computed by using 10-year age intervals of the enumerated population of the United States in 1940 as the standard population. The choice of the 1940 population as a standard is an arbitrary and historical convention that allows for meaningful comparison of similar rates published from many different sources. The basic procedure involved finding the expected number of deaths that would have existed if the agespecific rates for a particular year prevailed in a population whose age distribution was like that of the United States in 1940. This was accomplished by multiplying the specific rates for each age group by the population for the corresponding age group in the standard population. The age-adjusted mortality rate was calculated by adding the expected deaths for each age group and then dividing this sum by the total population taken as the standard. The 1940 standard population is as follows:

Age group	Number
0 to 4 years	80,061
5 to 14 years	170,355
15 to 24 years	181,677
25 to 34 years	162,066
35 to 44 years	139,237
45 to 54 years	117,811
55 to 64 years	80,294
65 to 74 years	48,426
75 to 84 years	17,303
85+ years	2,770
All ages	1,000,000

RESULTS

This surveillance report provides an overview of trends in liver cirrhosis by sex from 1910 through 1995. Data on the subcategories of liver cirrhosis by sex, race, and age are presented for 1970 through 1995. Overall, trends from 1970 through 1995 can be characterized as beginning high, peaking in the early 1970s, and then decreasing over time. Discussion of trends in the last three decades will focus on decreases from 1970, which will serve as a baseline for all observed changes. Detailed data supporting the findings discussed here are shown in four tables at the end of this report. These tables provide data on (1) the trends in death rates from liver cirrhosis between 1910 and 1995; (2) the number of deaths, crude-death rates, age-specific death rates, and age-adjusted death rates from liver cirrhosis by race and sex over the past 25 years; and (3) the number of deaths, agespecific death rates, and age-adjusted deaths from alcohol-related, specified, and unspecified liver cirrhosis during the past 25 years.

Historical Perspective, 1910-95

Figure 1 shows the history of age-adjusted liver cirrhosis mortality rates by sex in the United States from 1910 through 1995. The figure shows that death rates from cirrhosis during 1910 through 1914 were higher than at any time since then. After 1914 rates steadily decreased to reach a historical low of 8.0 per 100,000 population in 1932, when the temperance movement was gaining support in the United States (national Prohibition was enacted in 1920). Cirrhosis mortality increased steadily at the end of Prohibition in 1933 until 1973, when the age-adjusted death rates peaked at 14.9 per 100,000 population. A steady decrease then ensued, and by 1995 the age-adjusted mortality rate had dropped to 7.7 per 100,000 population. From 1910 through 1995 age-adjusted cirrhosis death rates were consistently about twice as high for males as for females.

Between 1982 and 1989 cirrhosis in the United States was the ninth leading cause of

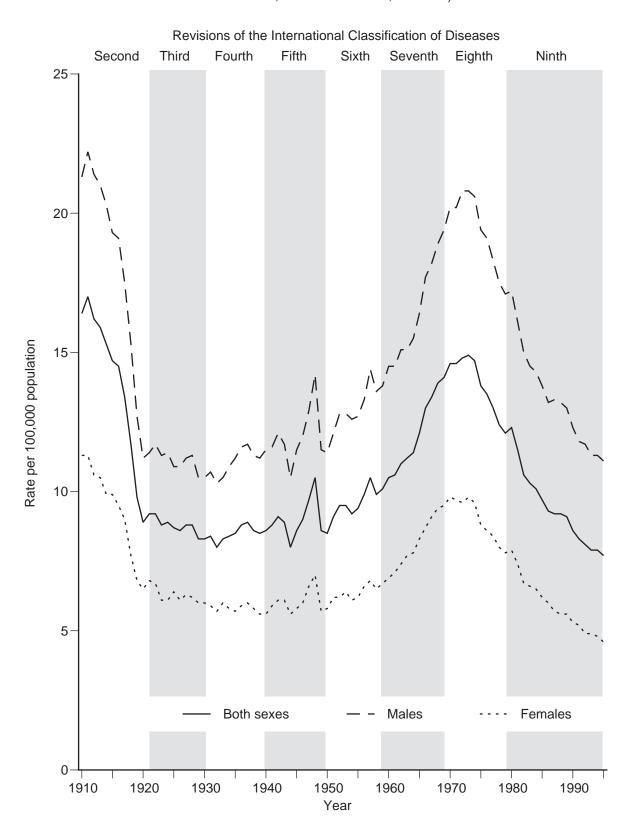
death, dropping from seventh place during most of the 1970s and eighth place between 1978 and 1981. In 1995 liver cirrhosis ranked as the tenth leading cause of death for all age groups and the seventh leading cause of death among those ages 25 to 44 and 45 to 64. From 1990 through 1993 liver cirrhosis was the eleventh leading cause of death and in both 1994 and 1994 it was the tenth leading cause of death in the United States.

Liver Cirrhosis (ICDA-8: all 571), 1970-95

Following a slight increase from 1970 through 1973, unadjusted death rates from liver cirrhosis steadily decreased. Table 2 shows that unadjusted death rates dropped by 37.7 percent from 15.4 deaths per 100,000 population in 1970 to a low of 9.6 deaths per 100,000 population in 1995. A more pronounced decrease of 47.3 percent, from 14.6 deaths per 100,000 population in 1970 to 7.7 deaths per 100,000 population in 1995. was detected when age-adjusted rates were examined. The noted decline in liver cirrhosis mortality during this study period is independent of the change in age distribution of the U.S. population because the decline still existed after adjusting for age.

Similar decreases in age-adjusted death rates occurred from 1970 to 1995 in different race-sex groups (65.5 percent for black females, 55.0 percent for black males, 49.4 percent for white females, and 43.1 percent for white males). Figure 2 shows trends for all liver cirrhosis mortality for black and white males and females. Liver cirrhosis mortality rates for whites and blacks reflect a greater risk for men of both races. Rates for blacks are higher than those for whites of the same sex for every year from 1970 through 1995. Figure 3 shows age-specific rates for liver cirrhosis mortality. Although the order of risk for cirrhosis mortality by age group changed from 1970 through 1995, risks among those younger than age 45 and those age 85 or older tended to be lower than for other age groups except after 1985, when the mortality rate for the age group 45 to 54 was lower than it was for the age group 85 or older. During the past 25 years, age-specific rates decreased for all

Figure 1. Age-adjusted death rates of liver cirrhosis by sex (death-registration States, 1910–32, and United States, 1933–95).



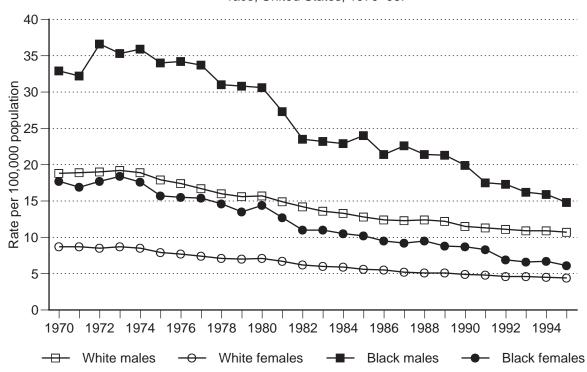


Figure 2. Age-adjusted death rates of liver cirrhosis (ICDA-8: all 571) by sex and race, United States, 1970–95.

age groups below age 75, but for those age 75 years or older, cirrhosis mortality increased. Changes since 1970 for each age group were as follows: ages 25 to 34, -65.9 percent; ages 35 to 44, -55.6 percent; ages 45 to 54, -55.8 percent; ages 55 to 64, -48.0 percent; ages 65 to 74, -24.5 percent; ages 75 to 84, 2.6 percent; ages 85 and older, 6.0 percent.

Figure 4 shows age-specific cirrhosis mortality rates by race and sex. For all age groups among whites and blacks, the rate for males is greater than the rate for females. In age groups below age 65, rates for blacks are higher than rates for whites in both sex groups. The relative decline in liver cirrhosis mortality was greatest among black males and females younger than age 55.

As discussed earlier, the ICD allows for coding the alcohol involvement in cirrhosis deaths. Figure 5 shows age-adjusted mortality rates for three subcategories of liver cirrhosis. This figure shows little apparent change in ranks of the different types of cirrhosis during the period 1970 through 1995, except that the

ranks of unspecified cirrhosis and alcohol-related cirrhosis shifted after 1987, when alcohol-related cirrhosis became the highest among the three causes considered. However, figure 6 shows that the percentage of all cirrhosis deaths coded as alcohol related for different age groups increased over time in all but the two oldest age groups. In addition the increases tend to be greater in the younger age groups. In 1995 the percentage of alcohol-related cirrhosis among all cirrhosis deaths was highest among people ages 35 to 44.

Alcohol-Related Liver Cirrhosis (ICDA-8: 571.0), 1970-95

Unadjusted death rates from alcohol-related liver cirrhosis decreased by 16.4 percent, from 5.5 deaths per 100,000 population in 1970 to 4.6 deaths per 100,000 population in 1995. Age-adjusted rates also decreased 25.9 percent from 5.4 deaths per 100,000 population in 1970 to 4.0 deaths per 100,000 population in 1995.

As shown in figure 7, age-adjusted death rates among different race-sex groups show a

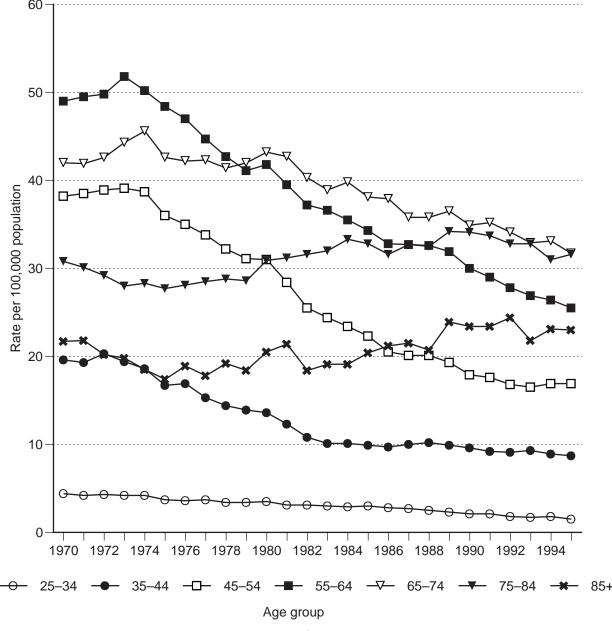


Figure 3. Age-specific death rates of liver cirrhosis (ICDA-8: all 571), United States, 1970–95.

decline over the past 25 years that amounts to 54.9 percent for black females, 41.7 percent for black males, 33.3 percent for white females, and 15.3 percent for white males. During the study period, age-adjusted rates for the different race-sex groups in descending order were as follows: black males, white males, black females, and white females. In 1995 the rate for black males exceeded the rate for white males by 44.3 percent. In addition

the gap between the rates for males of different race groups narrowed during the study period, with black male rates experiencing a prominent decline.

Specified Liver Cirrhosis Without Mention of Alcohol (ICDA-8: 571.8), 1970-95

Unadjusted death rates from specified liver cirrhosis without mention of alcohol declined by 81.5 percent, from a high of 2.7 deaths per

100,000 population in 1970 to 0.5 deaths per 100,000 population in 1995. The age-adjusted rates have shown the same declining trend, dropping 84.6 percent from 2.6 deaths per 100,000 population in 1970 to 0.4 deaths per 100,000 population in 1995.

Figure 8 shows that age-adjusted rates among race-sex groups declined from 1970 through 1995 by 90.5 percent for black males, 89.7 percent for black females, 89.7 percent for white males, and 77.8 percent for white females. During the study period the age-adjusted rates for the different race-sex groups in descending order were as follows: black males, black females, white males, and white females. The gap that existed between rates for the different race-sex groups has virtually disappeared, with both black male and female rates experiencing a prominent decline.

Unspecified Liver Cirrhosis Without Mention of Alcohol (ICDA-8: 571.9), 1970-95

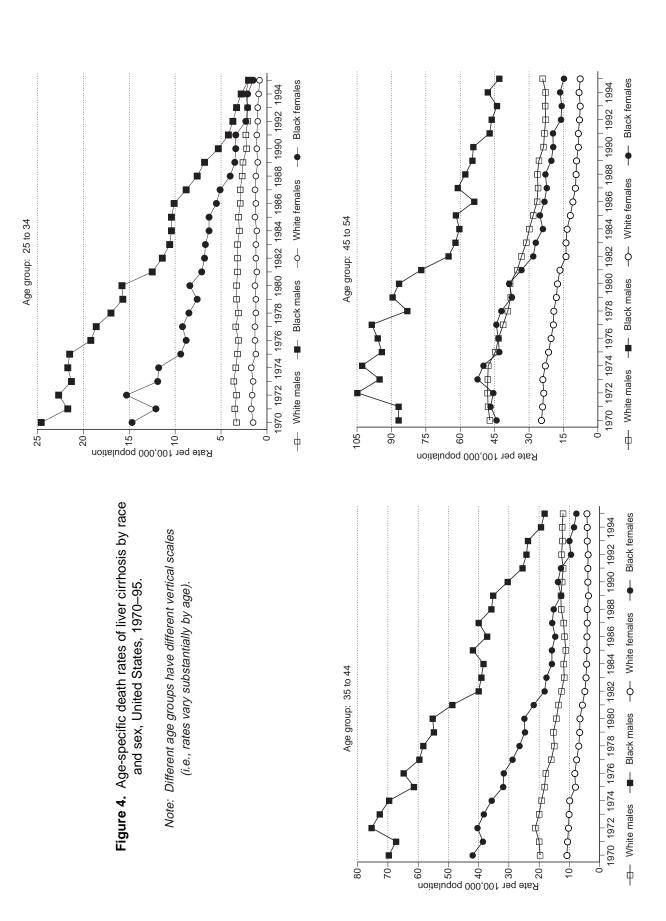
Unadjusted death rates from unspecified liver cirrhosis without mention of alcohol decreased by 37.5 percent from 7.2 deaths per 100,000 population in 1970 to 4.5 deaths per 100,000 population in 1995. Age-adjusted deaths rates also dropped 51.5 percent from 6.6 deaths per 100,000 population in 1970 to 3.2 deaths per 100,000 population in 1995.

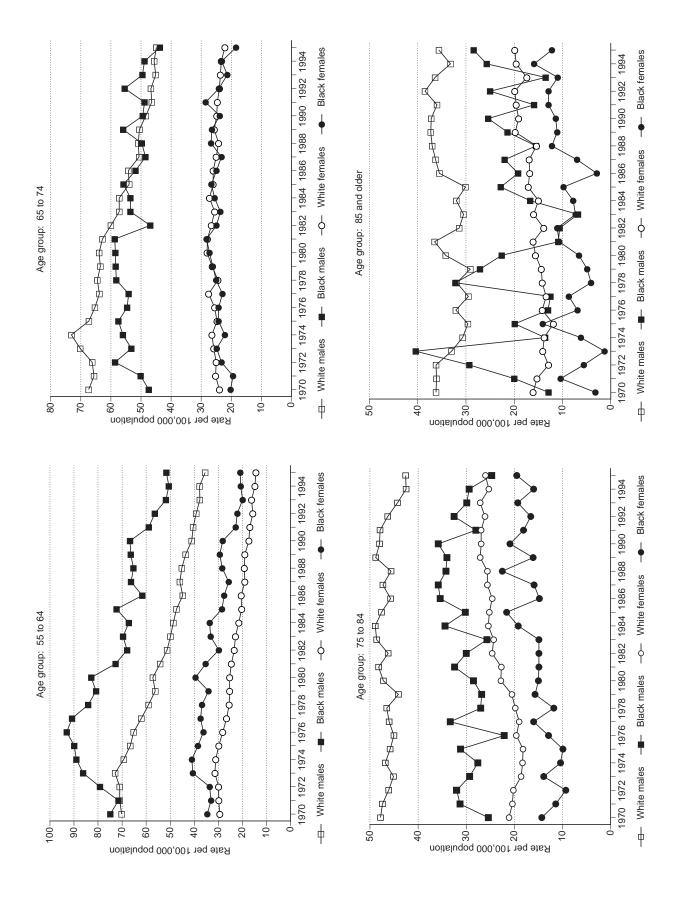
As shown in figure 9, age-adjusted death rates among different race-sex groups show a fairly consistent decline over the last 25 years that amounts to 64.7 percent for black females, 53.0 percent for black males, 50.6 percent for white males, and 47.6 percent for white females. The age-adjusted rates during the study period for the different race-sex groups in descending order were as follows: black males, white males, black females, and white females. The gap that existed between the rates for the different race-sex groups has narrowed, with both white and black male rates experiencing a prominent decline.

DISCUSSION

Liver cirrhosis mortality has been declining since 1973, dropping from the seventh leading cause of death for most of the 1970s to the eleventh leading cause of death from 1990 to 1993. In 1994 and 1995 it became the tenth leading cause of death, following human immunodeficiency virus infection (8th) and suicide (9th) (NCHS 1997). Age-adjusted, allcause mortality rates declined 29.5 percent during the 25-year period compared with a 47.3-percent decline for overall liver cirrhosis. This finding suggests that the drastic decline in deaths from liver cirrhosis is not just a reflection of the decline in all-cause mortality. The observed changes in trends in liver cirrhosis mortality during the study period were consistent in each race-sex group when age-adjusted rates were compared. Agespecific death rates of cirrhosis dropped more consistently for the younger age groups. This differential drop in death rates in the younger age groups compared with older age groups is likely due to primary prevention efforts (increased awareness of alcohol as a risk factor for liver cirrhosis) and early detection of liver cirrhosis.

In the face of declining trends in liver cirrhosis mortality since the early 1970s, data gathered between 1970 and 1990 with NCHS's ongoing National Hospital Discharge Survey show an increase in hospital discharge episodes with cirrhosis diagnosis until 1981, when a decline ensued (Noble et al. 1993; Dufour et al. 1993). The data also show that the percentage of cirrhosis patients who died during hospitalization declined between 1970 and 1990 (Noble et al. 1993; Dufour et al. 1993). Because it has been estimated that (1) 14 to 50 percent of alcoholics develop cirrhosis or severe liver damage during an 8year period (Lelbach 1974); (2) approximately 50 percent of treated alcoholics could delay the onset of the disease process or delay mortality; and (3) 50 percent of alcoholics undergoing Alcoholics Anonymous (AA) programs sufficiently reduce their drinking to avoid getting cirrhosis or dying from it (Smart and Mann, 1993), more recognition and treatment





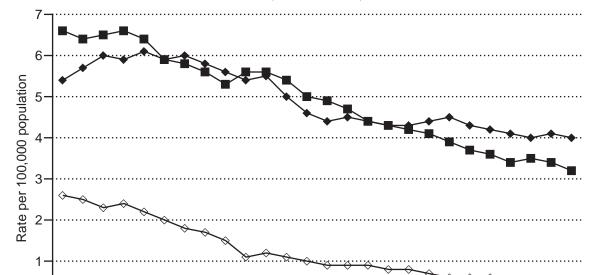


Figure 5. Age-adjusted death rates of liver cirrhosis reported with and without mention of alcohol, United States, 1970–95.

Alcohol-related cirrhosis (ICDA-8: 571.0)

1978

- → Specified cirrhosis without mention of alcohol (ICDA-8: 571.8)
- Unspecified cirrhosis without mention of alcohol (ICDA-8: 571.9)

of alcoholism could be contributing to the declining trends in mortality from liver cirrhosis. According to data from the National Drug and Alcohol Treatment Utilization Survey, the number of alcoholics in treatment on a given day more than doubled between 1979 and 1991. AA membership increased in an equally dramatic fashion between 1979 and 1989 (Dufour et al. 1993).

1970 1972 1974 1976

Although mortality from cirrhosis is highly associated with alcohol consumption in the medical literature, the current declining trend in liver cirrhosis mortality has not been preceded by a decline in apparent per capita alcohol consumption. Annual per capita alcohol consumption increased steadily after Prohibition until 1981, after which a long decline ensued (Williams et al. 1996). The decline in per capita alcohol consumption is attributed to decreased drinking by many types of drinkers. However, the literature suggests that only reductions in drinking by heavy

drinkers translate into decline in death rates from liver cirrhosis (Smart and Mann 1992). Data from the National Health Interview Survey indicate that the percentage of self-reported heavier drinkers dropped significantly between 1983 and 1988 (Williams and DeBakey 1992).

1980 1982 1984 1986 1988 1990 1992 1994

Finally, data in this report suggest a decline in liver cirrhosis death rates that will help the United States achieve the Healthy People 2000 objective of no more than 6.0 deaths per 100,000 population by the Year 2000. Between 1987 and 1995, the decline amounted to 16 percent (from 9.2 deaths per 100,000 population in 1987 to 7.7 deaths per 100,000 population in 1995). To achieve the Year 2000 goal, the death rate for liver cirrhosis must decline by 22 percent after 1995. This is a difficult but still-attainable goal, if national efforts continue to concentrate on prevention, reductions in heavy and chronic alcohol use,

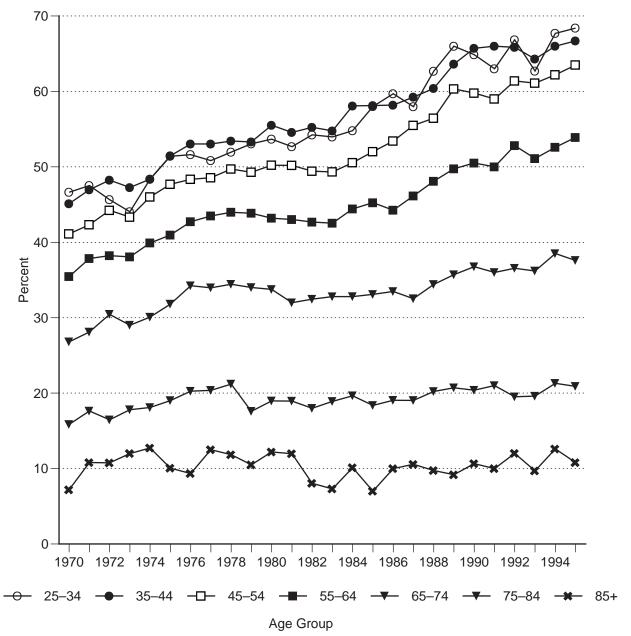


Figure 6. Percent of all cirrhosis (ICDA-8: all 571) deaths coded as alcohol-related (ICDA-8: 571.0), United States, 1970–95.

and early detection and treatment of liver cirrhosis.

REFERENCES

Chamblee, R.F., and Evans, M.C. TRANSAX: The NCHS system for producing multiple cause-of-death statistics, 1968-1978. *Vital and Health Statistics*, Series 1, No. 20. DHHS Pub. No. (PHS) 86-1322. Washington, DC: U.S. Govt. Print. Off., June 1986.

Colliver, J.D.; Van Natta, P.; Dufour, M.; Bertolucci, D.; and Malin, H. A system to convert ICD diagnostic codes for alcohol research. *Morbidity and Mortality Weekly Report* 33(16):216-222, 1984.

Day, N. "Alcohol and Mortality." Unpublished paper prepared for the National Institute on Alcohol Abuse and Alcoholism under Contract No. NIA-76-10(p), 1977.

Department of Health and Human Services. *Healthy People 2000: National Health Promotion and Disease Prevention Objectives*. DHHS Pub. No. PHS 91-50213. Washington, DC: DHHS, 1991.



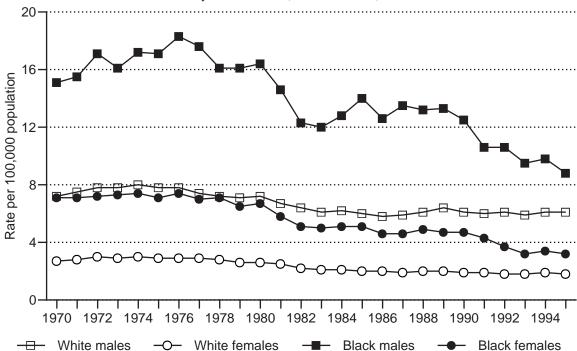
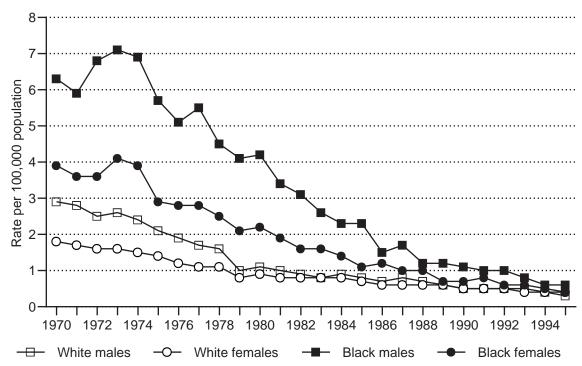


Figure 8. Age-adjusted death rates of specified liver cirrhosis without mention of alcohol (ICDA-8: 571.8) by race and sex, United States, 1970–95.



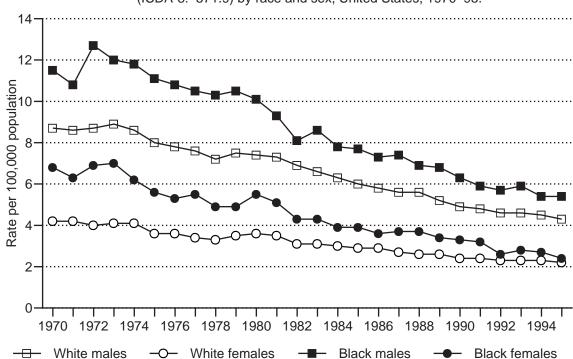


Figure 9. Age-adjusted death rates of unspecified liver cirrhosis without mention of alcohol (ICDA-8: 571.9) by race and sex, United States, 1970–95.

Dufour, M.C.; Stinson, F.S.; and Caces, M.F. Trends in cirrhosis morbidity and mortality: United States, 1979-1988. Seminars in Liver Disease 13(2):109-125, 1993.

Lelbach, W.K. Organic pathology related to volume and pattern of alcohol use. In: Gibbins, R.J.; Israel, V.; Kalant, H.; Popham, R.E.; Schmidt, W.; and Smart, R.G. Eds. *Research Advances in Alcohol and Drug Problems*, Vol. 1. New York: John Wiley and Sons, 1974.

National Center for Health Statistics. Report of Final Mortality Statistics, 1995. *Monthly Vital Statistics Report*. Hyattsville, MD: NCHS. June 1997.

National Center for Health Statistics. *Instructions for Classifying the Underlying Cause of Death, 1983.* Hyattsville, MD: NCHS September 1982.

National Center for Health Statistics. *Eighth Revision, International Classification of Diseases Adapted for Use in the United States.* DHEW Pub. No. (PHS) 1693. Washington, DC: U.S. Government Printing Office, 1968.

National Institute on Alcohol Abuse and Alcoholism (Alcohol Epidemiologic Data System). *Liver Cirrhosis Mortality in the United States* [U.S. Alcohol Epidemiologic Data Reference Manual Volume 2]. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, September 1985.

Noble, J.A.; Caces, M.F.; Steffens, R.A.; and Stinson, F.S. Hospitalization trends and the decline in liver cirrhosis death rates, 1970-1987. *Public Health Reports* 108(2):192-197, 1993. Smart, R.G. and Mann, R.E. Recent liver cirrhosis declines: Estimates of impact of alcohol abuse treatment and Alcoholics Anonymous. *Addiction* 88:193-198, 1993.

Smart, R.G. and Mann, R.E. Alcohol and the epidemiology of liver cirrhosis. *Alcohol Health & Research World* 16(3):217-222, 1992.

Williams, G.D., and DeBakey, S.F. Changes in levels of alcohol consumption: United States 1983-1988. *British Journal of Addictions* 87:643-648, 1992.

Williams, G.D.; Stinson, F.S.; Lane, J.D.; Tunson, S.L.; and Dufour, M.C. Surveillance Report #39: Apparent Per Capita Alcohol Consumption: National, State, and Regional Trends, 1977-94. Rockville, MD: NIAAA, Division of Biometry and Epidemiology, Alcohol Epidemiologic Data System, December 1996.

World Health Organization. *International Classification of Diseases*, *9th Revision*. Geneva, Switzerland: the Organization, 1978.

APPENDIX

List of Tables

		Page
Table 1	Age-adjusted death rates from liver cirrhosis by sex (death registration States, 1910–32, and United States, 1933–95)	17
Table 2	Age-specific number of deaths, age-specific death rates, and age-adjusted death rates from all liver cirrhosis (ICD-9: 571 and 572.3), United States, 1970–95	18
Table 3	Age-specific number of deaths, age-specific death rates, and age-adjusted death rates from liver cirrhosis with and without mention of alcohol, United States, 1970–95	23
Table 4	Age-adjusted death rates from liver cirrhosis with and without mention of alcohol by race and sex, United States, 1970–95	25

Table 1. Age-adjusted death rates ¹ from liver cirrhosis by sex (death registration States, 1910–32, and United States, 1933–95).

Year	Both sexes	Males	Females	Year	Both sexes	Males	Females
1995	7.7	11.1	4.6	1952	9.5	12.8	6.2
1994	7.9	11.3	4.8	1951	9.1	12.1	6.2
1993	7.9	11.3	4.9	1950	8.5	11.4	5.8
1992	8.1	11.7	4.9	1949	8.6	11.5	5.7
1991	8.3	11.8	5.2	1948	10.5	14.2	7.0
1990	8.6	12.3	5.3	1947	9.7	12.9	6.6
1989	9.1	13.0	5.6	1946	9.0	12.0	6.0
1988	9.2	13.2	5.6	1945	8.6	11.5	5.8
1987	9.2	13.3	5.7	1944	8.0	10.5	5.6
1986	9.3	13.2	6.0	1943	8.9	11.7	6.1
1985	9.7	13.8	6.2	1942	9.1	12.1	6.1
1984	10.1	14.3	6.5	1941	8.8	11.6	5.9
1983	10.3	14.5	6.6	1940	8.6	11.5	5.6
1982	10.6	15.0	6.7	1939	8.5	11.2	5.6
1981	11.5	16.1	7.4	1938	8.6	11.3	5.8
1980	12.3	17.2	7.9	1937	8.9	11.7	6.0
1979	12.1	17.1	7.8	1936	8.8	11.6	5.9
1978	12.4	17.5	8.0	1935	8.5	11.2	5.7
1977	13.0	18.3	8.4	1934	8.4	10.9	5.8
1976	13.5	19.1	8.6	1933 ³	8.3	10.5	6.0
1975	13.8	19.4	8.8	1932	8.0	10.3	5.7
1974	14.7	20.6	9.6	1931	8.4	10.7	5.9
1973	14.9	20.8	9.8	1930	8.3	10.5	6.0
1972 ²	14.8	20.8	9.6	1929	8.3	10.5	6.0
1971	14.6	20.2	9.7	1928	8.8	11.3	6.2
1970	14.6	20.2	9.8	1927	8.8	11.2	6.3
1969	14.1	19.4	9.5	1926	8.6	10.9	6.1
1968	13.9	18.9	9.4	1925	8.7	10.9	6.4
1967	13.4	18.2	9.1	1924	8.9	11.4	6.1
1966	13.0	17.7	8.7	1923	8.8	11.3	6.1
1965	12.1	16.4	8.3	1922	9.2	11.7	6.7
1964	11.4	15.5	7.8	1921	9.2	11.4	6.8
1963	11.2	15.1	7.7	1920	8.9	11.2	6.5
1962	11.0	15.1	7.4	1919	9.8	12.7	6.8
1961	10.6	14.5	7.1	1918	11.7	15.3	7.7
1960	10.5	14.5	6.9	1917	13.4	17.5	9.0
1959	10.1	13.8	6.7	1916	14.5	19.1	9.5
1958	9.9	13.6	6.5	1915	14.7	19.3	9.9
1957	10.5	14.4	6.8	1914	15.3	20.3	9.9
1956	9.9	13.3	6.6	1913	15.9	21.0	10.5
1955	9.4	12.7	6.2	1912	16.2	21.4	10.6
1954	9.2	12.6	6.1	1911	17.0	22.2	11.3
1953	9.5	12.8	6.4	1910	16.4	21.3	11.3

Rates per 100,000 population computed by the direct method, using as the standard population the age distribution of the total population of the United States as enumerated in 1940.

² Deaths based on a 50-percent sample.

Reporting States increased from 10 States and the District of Columbia in 1900 to the entire contiguous United States in 1933.

Table 2. Age-specific number of deaths, age-specific death rates, and age-adjusted death rates¹ from all liver cirrhosis (ICD-9: 571 and 572.3), United States, 1970–95.

Race, sex,			Nur	nber of c	leaths, b	y age gro	oup				Deaths	s per 100	0,000 pc	opulation	n, by age	e group		Age-adjusted deaths per
and year	AII ²	0–24	25–34	35–44	45–54	55–64	65–74	75–84	85+	All	25–34	35–44	45–54	55–64	65–74	75–84	85+	100,000 population
All races, both sexes																		
1995	25,345	72	608	3,713	5,258	5,385	5,941	3,518	841	9.6	1.5	8.7	16.9	25.5	31.7	31.6	23.0	7.7
1994	25,520	59	733	3,711	5,061	5,557	6,184	3,387	817	9.8	1.8	8.9	16.9	26.4	33.1	31.0	23.1	7.9
1993	25,341	81	726	3,772	4,723	5,637	6,124	3,519	746	9.8	1.7	9.3	16.5	26.9	32.9	32.8	21.8	7.9
1992	25,407	70	769	3,619	4,592	5,807	6,300	3,445	799	10.0	1.8	9.1	16.8	27.8	34.1	32.8	24.4	8.1
1991	25,562	66	864	3,596	4,470	6,076	6,258	3,475	739	10.1	2.0	9.2	17.4	28.9	34.2	33.9	23.4	8.3
1990	25,920	76	894	3,623	4,517	6,332	6,311	3,439	713	10.4	2.1	9.6	17.9	30.0	34.9	34.1	23.4	8.6
1989	26,823	91	985	3,618	4,744	6,787	6,520	3,361	708	10.9	2.3	9.9	19.3	31.9	36.5	34.2	23.9	9.1
	26,572	87	1,061	3,581	4,801	7,020	6,303	3,116	595	10.9	2.5	10.2	20.1	32.6	35.8	32.5	20.7	9.2
	26,351	105	1,147	3,431	4,640	7,112	6,244	3,058	606	10.9	2.7	10.0	20.1	32.7	35.8	32.7	21.5	9.2
	26,310	109	1,186	3,207	4,646	7,203	6,494	2,877	580	11.0	2.8	9.7	20.5	32.8	37.9	31.6	21.2	9.3
	26,927	100	1,250	3,126	4,995	7,586	6,410	2,907	542	11.3	3.0	9.9	22.3	34.3	38.1	32.8	20.4	9.7
1984	27,468	126	1,168	3,084	5,244	7,856	6,609	2,880	494	11.6	2.9	10.1	23.4	35.5	39.8	33.3	19.1	10.1
	27,414	121	1,210	2,967	5,461	8,097	6,377	2,693	479	11.7	3.0	10.1	24.4	36.6	38.9	32.0	19.1	10.3
	27,838	147	1,204	3,021	5,726	8,194	6,501	2,591	447	12.0	3.1	10.8	25.5	37.2	40.3	31.6	18.4	10.6
	29,451	160	1,196	3,247	6,413	8,661	6,772	2,492	501	12.8	3.1	12.3	28.4	39.5	42.7	31.2	21.4	11.5
	30,730	180	1,293	3,498	7,077	9,081	6,738	2,389	459	13.6	3.5	13.6	31.0	41.8	43.2	30.9	20.5	12.3
1979 1978 1977 1976	29,851 30,066 30,848 31,453 31,623	155 178 195 183 215	1,229 1,180 1,259 1,172 1,169	3,502 3,506 3,594 3,886 3,808	7,142 7,453 7,905 8,263 8,547	8,810 8,996 9,261 9,558 9,688	6,437 6,209 6,208 6,040 5,942	2,166 2,132 2,062 1,985 1,930	400 397 352 353 318	13.3 13.5 14.0 14.5 14.7	3.4 3.4 3.7 3.6 3.7	13.9 14.4 15.3 16.9 16.7	31.1 32.2 33.8 35.0 36.0	41.1 42.7 44.7 47.0 48.4	42.0 41.4 42.3 42.2 42.6	28.6 28.8 28.5 28.1 27.7	18.4 19.2 17.8 18.9 17.4	12.1 12.4 13.0 13.5 13.8
1974	33,319	227	1,257	4,237	9,205	9,926	6,208	1,929	322	15.6	4.2	18.6	38.7	50.2	45.6	28.3	18.5	14.7
1973	33,350	222	1,201	4,412	9,305	10,114	5,898	1,865	325	15.8	4.2	19.4	39.1	51.8	44.3	28.0	19.8	14.9
1972 ³	32,576	202	1,174	4,614	9,206	9,606	5,556	1,896	316	15.6	4.3	20.3	38.9	49.8	42.6	29.2	20.2	14.8
1971	31,808	266	1,088	4,412	9,040	9,414	5,352	1,901	324	15.4	4.2	19.3	38.5	49.5	41.9	30.1	21.8	14.6
1970	31,399	259	1,100	4,522	8,898	9,168	5,246	1,893	306	15.4	4.4	19.6	38.2	49.0	42.0	30.8	21.7	14.6
All races, male																		
1995	16,598	48	418	2,710	3,893	3,693	3,693	1,778	356	12.9	2.1	12.8	25.6	36.6	44.3	41.0	34.5	11.1
	16,581	30	490	2,695	3,671	3,858	3,760	1,744	326	13.0	2.4	13.0	25.1	38.6	45.4	41.4	32.8	11.3
	16,359	47	480	2,747	3,466	3,813	3,710	1,760	326	13.0	2.3	13.6	24.8	38.4	45.0	42.9	34.4	11.3
	16,572	39	504	2,711	3,338	4,000	3,832	1,804	338	13.3	2.4	13.7	24.9	40.4	47.2	45.3	37.1	11.7
	16,342	38	546	2,598	3,186	4,147	3,715	1,793	305	13.3	2.5	13.4	25.4	41.8	46.3	46.1	34.7	11.8
	16,695	35	560	2,652	3,265	4,281	3,813	1,771	306	13.7	2.6	14.2	26.6	43.0	48.1	46.9	36.1	12.3
1989	17,397	50	675	2,726	3,398	4,539	3,954	1,744	303	14.5	3.1	15.2	28.3	45.4	50.6	47.5	36.7	13.0
	17,297	49	713	2,610	3,431	4,725	3,894	1,587	281	14.5	3.3	15.0	29.4	46.7	50.5	44.5	34.9	13.2
	17,147	62	765	2,475	3,304	4,836	3,821	1,598	279	14.5	3.6	14.7	29.4	47.4	50.2	46.1	35.2	13.3
	16,886	61	797	2,296	3,213	4,745	3,994	1,509	264	14.4	3.8	14.1	29.2	46.0	53.5	44.8	34.1	13.2
	17,345	62	832	2,217	3,431	5,113	3,943	1,513	225	15.0	4.0	14.2	31.5	49.2	53.8	46.1	29.6	13.8
1984	17,662	76	797	2,184	3,571	5,194	4,084	1,523	227	15.4	3.9	14.6	32.9	50.0	56.6	47.7	30.5	14.3
1983	17,628	55	820	2,069	3,686	5,309	4,028	1,448	206	15.5	4.1	14.4	34.0	51.3	56.6	46.5	28.2	14.5
1982	18,004	80	821	2,102	3,936	5,393	4,095	1,360	211	16.0	4.2	15.3	36.2	52.3	58.6	44.8	29.5	15.0
1981	18,978	84	820	2,222	4,264	5,694	4,265	1,380	244	17.0	4.2	17.2	39.0	55.6	62.0	46.7	34.9	16.1

Table 2. Age-specific number of deaths, age-specific death rates, and age-adjusted death rates¹ from all liver cirrhosis (ICD-9: 571 and 572.3), United States, 1970–95. (Continued)

Race, sex,			Nur	nber of d	eaths, b	y age gro	oup				Deaths	per 100),000 pc	pulation	n, by age	group		Age-adjusted deaths per
and year	All ²	0–24	25–34	35–44	45–54	55–64	65–74	75–84	85+	All	25–34	35–44	45–54	55–64	65–74	75–84	85+	100,000 population
1980	19,866	101	868	2,339	4,725	6,012	4,276	1,307	225	18.1	4.7	18.6	42.9	59.2	63.3	45.6	33.0	17.2
1979	19,455	90	851	2,371	4,740	5,832	4,164	1,205	193	17.8	4.8	19.2	42.8	58.2	62.7	42.7	28.9	17.1
1978	19,693 20,167	100 108	795 853	2,340 2,367	4,851 5,240	6,018 6,236	4,134 3,969	1,240 1,212	204 175	18.2 18.9	4.6 5.1	19.6 20.6	43.4 46.5	61.0 64.3	63.7 62.5	45.0 44.9	31.7 28.2	17.5 18.3
1977 1976	20,167	106	790	2,566	5,474	6,426	3,909	1,141	180	19.5	4.9	22.8	48.1	67.3	64.2	43.0	30.2	19.1
1975	20,830	109	793	2,527	5,630	6,436	4,000	1,164	168	19.9	5.1	22.7	49.2	68.5	66.1	44.6	28.8	19.4
1974	21,806	128	804	2,711	6,027	6,581	4,214	1,170	164	21.0	5.4	24.4	52.6	70.8	71.1	45.4	29.1	20.6
1973 1972 ³	21,782 21,422	118 94	785 716	2,827 2,980	5,986 6,050	6,791 6,532	3,973 3,736	1,115 1,126	181 186	21.2 21.0	5.5 5.3	25.5 26.8	52.3 53.1	73.8 71.8	68.5 65.7	43.9 44.9	33.5 35.5	20.8 20.8
1971	20,680	124	685	2,763	5,823	6,380	3,578	1,120	176	20.5	5.4	24.8	51.4	71.0	64.2	46.0	34.7	20.8
1970	20,382	116	688	2,790	5,691	6,217	3,583	1,126	166	20.5	5.6	24.9	50.6	70.3	65.6	46.0	33.9	20.2
All races, female																		
1995	8,747	24	190	1,003	1,365	1,692	2,248	1,740	485	6.5	0.9	4.7	8.6	15.3	21.6	25.5	18.5	4.6
1994	8,939	29	247	1,016	1,390	1,699	2,424	1,643	491	6.7	1.2	4.8	9.1	15.4	23.3	24.5	19.3	4.8
1993 1992	8,982 8,835	34 31	246 265	1,025 908	1,257 1,254	1,824 1,807	2,414 2,468	1,759 1,641	420 461	6.8 6.8	1.2 1.2	5.0 4.5	8.6 8.9	16.6 16.4	23.2 23.9	26.6 25.1	17.0 19.5	4.9 4.9
1991	9,220	28	318	998	1,284	1,929	2,543	1,682	434	7.1	1.5	5.0	9.7	17.4	24.8	26.2	19.0	5.2
1990	9,225	41	334	971	1,252	2,051	2,498	1,668	407	7.2	1.5	5.1	9.7	18.4	24.6	26.5	18.5	5.3
1989	9,426	41	310	892	1,346	2,248	2,566	1,617	405	7.5	1.4	4.8	10.7	20.0	25.6	26.2	19.0	5.6
1988 1987	9,275 9,204	38 43	348 382	971 956	1,370 1,336	2,295 2,276	2,409 2,423	1,529 1,460	314 327	7.4 7.4	1.6 1.8	5.5 5.5	11.2 11.3	20.1 19.7	24.3 24.7	25.4 24.8	15.2	5.6 5.7
1986	9,204	48	389	911	1,433	2,458	2,423	1,368	316	7.4	1.8	5.5 5.4	12.3	21.1	24.7 25.9	23.8	16.2 16.1	6.0
1985	9,582	38	418	909	1,564	2,473	2,467	1,394	317	7.8	2.0	5.6	13.6	21.0	25.9	24.9	16.7	6.2
1984	9,806	50	371	900	1,673	2,662	2,525	1,357	267	8.1	1.8	5.8	14.5	22.6	26.9	24.9	14.5	6.5
1983	9,786	66	390	898	1,775	2,788	2,349	1,245	273	8.1	1.9	6.0	15.4	23.7	25.3	23.5	15.3	6.6
1982 1981	9,834 10,473	67 76	383 376	919 1,025	1,790 2,149	2,801 2,967	2,406 2,507	1,231 1,112	236 257	8.3 8.9	1.9 1.9	6.4 7.6	15.5 18.4	23.9 25.4	26.3 27.9	23.8 22.1	13.8 15.6	6.7 7.4
1980	10,864	79	425	1,159	2,352	3,069	2,462	1,082	234	9.3	2.3	8.9	19.9	26.6	27.9	22.3	15.0	7.9
1979	10,396	65	378	1,131	2,402	2,978	2,273	961	207	9.0	2.1	8.8	20.2	26.1	26.2	20.2	13.8	7.8
1978	10,373	78	385	1,166	2,602	2,978	2,075	892	193	9.1	2.2	9.4	21.7	26.6	24.4	19.2	13.5	8.0
1977 1976	10,681 10,785	87 77	406 382	1,227 1,320	2,665 2,789	3,025 3,132	2,239 2,064	850 844	177 173	9.5 9.7	2.4 2.3	10.2 11.2	22.0 22.8	27.5 29.0	26.9 25.4	18.8 19.2	13.1 13.6	8.4 8.6
1975	10,793	106	376	1,281	2,703	3,252	1,942	766	150	9.8	2.4	11.0	23.7	30.6	24.6	17.6	12.0	8.8
1974	11,513	99	453	1,526	3,178	3,345	1,994	759	158	10.5	3.0	13.1	25.8	32.0	25.9	17.9	13.5	9.6
1973	11,568	104	416	1,585	3,319	3,323	1,925	750	144	10.7	2.9	13.6	26.9	32.2	25.7	18.2	13.1	9.8
1972 ³ 1971	11,154 11,128	108 142	458 403	1,634 1,649	3,156 3,217	3,074 3,034	1,820 1,774	770 761	130 148	10.4 10.5	3.3 3.1	14.0 14.1	25.7 26.4	30.1 30.2	24.8 24.7	19.4 19.8	12.5 15.1	9.6 9.7
1970	11,017	143	412	1,732	3,207	2,951	1,663	767	140	10.5	3.2	14.1	26.6	29.9	23.7	20.7	15.1	9.8
White, male																		
1995	14,163	30	333	2,159	3,163	3,119	3,346	1,677	329	13.2	2.0	12.1	24.1	35.5	44.9	42.6	35.6	10.7
1994	14,076	20	392	2,160	2,886	3,305	3,382	1,628	296	13.2	2.3	12.4	22.8	37.8	45.6	42.5	33.2	10.9
1993	13,888	33	373	2,107	2,791	3,283	3,332	1,652	311	13.2	2.1	12.3	23.0	37.7	45.1	44.3	36.4	10.9

Table 2. Age-specific number of deaths, age-specific death rates, and age-adjusted death rates¹ from all liver cirrhosis (ICD-9: 571 and 572.3), United States, 1970–95. (Continued)

Race, sex,			Nun	nber of d	eaths, b	y age gro	oup				Deaths	per 100	0,000 pc	pulation	ı, by age	group		Age-adjusted deaths per
and year	All ²	0–24	25–34	35–44	45–54	55–64	65–74	75–84	85+	All	25–34	35–44	45–54	55–64	65–74	75–84	85+	100,000 population
1992	13,978	27	377	2,107	2,654	3,418	3,399	1,675	316	13.4	2.1	12.6	22.8	39.2	46.7	46.3	38.5	11.1
1991 1990	13,850 13,950	24 29	413 402	1,997 1,972	2,536 2,528	3,546 3,620	3,347 3,462	1,692 1,644	286 285	13.4 13.6	2.3 2.2	12.1 12.4	23.3 23.7	40.5 41.1	46.4 48.4	47.9 48.0	36.0 37.2	11.3 11.5
1989	14,492	33	467	1,978	2,680	3,871	3,558	1,623	278	14.3	2.6	12.8	25.7	43.6	50.5	48.8	37.3	12.2
1988 1987	14,471 14,259	33 47	497 520	1,901 1,736	2,682 2,546	4,067 4,181	3,543 3,479	1,473 1,487	269 260	14.4 14.2	2.7 2.9	12.7 11.9	26.4 26.1	45.2 46.0	50.9 50.6	45.6 47.3	37.0 36.3	12.4 12.3
1986	14,174	43	521	1,633	2,543	4,130	3,656	1,396	249	14.3	2.9	11.6	26.5	44.8	54.2	45.7	35.5	12.4
1985	14,402	44	554	1,513	2,688	4,403	3,571	1,416	207	14.6	3.1	11.2	28.2	47.4	53.9	47.6	30.1	12.8
1984 1983	14,874 14,910	54 39	522 548	1,556 1,466	2,846 2,970	4,535 4,632	3,726 3,677	1,416 1,370	216 202	15.2 15.3	3.0 3.2	11.9 11.7	29.9 31.2	48.7 49.9	57.2 57.2	48.9 48.6	32.0 30.5	13.3 13.6
1982	15,323	55	539	1,518	3,187	4,754	3,790	1,271	204	15.9	3.2	12.6	33.3	51.3	60.0	46.2	31.4	14.2
1981 1980	15,946 16,492	62 75	527 520	1,534 1,574	3,394 3,745	5,002 5,236	3,900 3,897	1,292 1,226	232 212	16.6 17.4	3.2 3.3	13.6 14.3	35.1 38.3	54.2 57.2	62.8 63.9	48.2 47.2	36.5 34.2	14.9 15.7
1979	16,178	60	518	1,660	3,744	5,082	3,803	1,127	177	17.1	3.3	15.3	38.0	56.2	63.5	44.1	29.1	15.6
1978	16,413	67	461	1,579	3,923	5,249	3,775	1,163	187	17.5	3.1	15.0	39.3	59.0	64.5	46.5	31.9	16.0
1977	16,727	69	495	1,623	4,160	5,426	3,653	1,130	167	18.0	3.4	16.0	41.3	62.0 65.2	63.8	46.0	29.5	16.7
1976 1975	17,221 17,458	65 72	441 435	1,762 1,789	4,418 4,591	5,618 5,650	3,650 3,672	1,086 1,090	174 157	18.7 19.1	3.1 3.2	17.8 18.2	43.3 44.7	66.6	65.3 67.3	45.0 45.8	32.1 29.6	17.4 17.9
1974	18,322	92	449	1,880	4,913	5,820	3,905	1,102	157	20.2	3.4	19.2	47.8	69.3	73.1	46.8	30.7	18.9
1973 1972 ³	18,372	67 56	449 392	1,963	4,943	6,061	3,676	1,049	162 172	20.4	3.6 3.3	20.0 21.3	48.0 48.1	72.9 71.0	70.2 66.2	45.1 46.1	33.0 36.2	19.2 19.0
1971	17,964 17,672	56 78	389	2,102 1,982	4,932 4,887	5,846 5,773	3,400 3,306	1,062 1,081	166	20.1	3.5	20.0	46.1 47.9	71.0	65.6	46.1 47.4	36.2 36.1	18.9
1970	17,389	84	361	1,969	4,775	5,622	3,335	1,078	161	19.9	3.3	19.7	47.1	70.2	67.4	47.8	36.2	18.8
Black, male																		
1995	2,008	13	52	440	631	477	295	75	23	12.8	2.0	18.2	43.0	51.6	43.7	24.7	28.4	14.8
1994	2,102	10	73	456	670	461	325	87	20	13.6	2.8	19.4	48.0	50.6	48.8	29.4	25.7	15.9
1993 1992	2,113 2.197	12 10	87 97	539 529	583 587	467 504	325 358	86 93	10 18	13.9 14.6	3.3 3.7	23.7 24.2	44.0 46.3	51.8 56.4	49.5 55.4	29.9 32.5	13.5 25.0	16.2 17.3
1991	2,148	13	108	533	569	522	308	79	11	14.6	4.2	25.5	47.2	58.9	48.8	28.0	15.9	17.5
1990	2,400	5	138	603	641	587	305	100	17	16.5	5.3	30.4	54.3	66.7	49.4	35.8	25.4	19.9
1989	2,524	15	176	664	634 654	585 578	340	93	14	17.7	6.8	35.2	54.7	66.4 65.3	55.9	34.0	21.4	21.3 21.4
1988 1987	2,485 2,584	15 11	194 222	642 684	676	578 589	299 289	92 95	10 14	17.7 18.6	7.6 8.8	35.8 40.0	57.8 61.1	66.3	49.7 48.5	34.2 35.8	15.5 22.0	21.4
1986	2,416	14	249	608	584	548	305	92	12	17.6	10.1	37.2	53.9	61.6	51.8	35.4	19.2	21.4
1985	2,636	15	249	648	662	642	326	77	14	19.5	10.4	41.9	61.9	72.3	55.8	30.2	22.8	24.0
1984 1983	2,468 2,440	19 15	242 240	565 547	638 649	595 612	310 309	86 63	10 4	18.5 18.5	10.4 10.6	38.4 39.1	60.4 62.1	67.2 69.6	53.5 53.5	34.4 25.7	16.7 6.8	22.9 23.2
1982	2,440	23	249	535	674	592	269	72	6	18.6	11.4	40.0	65.1	67.9	46.9	30.0	10.6	23.5
1981	2,746	20	264	621	794	628	335	76	6	21.4	12.5	48.7	77.0	72.7	58.7	32.4	10.9	27.3
1980	3,031	25	311	683	889	708	332	65	12	24.0	15.8	55.2	86.7	82.8	58.5	28.5	22.6	30.6
1979 1978	2,964 2,944	25 26	292 301	648 674	909 843	685 702	329 321	60 59	14 16	24.1 24.3	15.7 17.0	54.8 58.3	89.5 83.1	80.8 84.1	58.4 58.2	26.8 27.0	27.1 32.2	30.8 31.0
1977	3,140	30	315	675	1,000	747	293	71	6	26.2	18.6	59.6	98.6	90.8	54.1	33.3	12.5	33.7

Table 2. Age-specific number of deaths, age-specific death rates, and age-adjusted death rates¹ from all liver cirrhosis (ICD-9: 571 and 572.3), United States, 1970–95. (Continued)

Race, sex,			Nur	nber of d	leaths, b	y age gro	oup				Deaths	per 100),000 pc	pulation	n, by age	group		Age-adjusted deaths per
and year	All ²	0–24	25–34	35–44	45–54	55–64	65–74	75–84	85+	All	25–34	35–44	45–54	55–64	65–74	75–84	85+	100,000 population
1976 1975	3,142 3,084	36 34	310 331	720 673	977 957	755 718	290 299	46 63	6 9	26.6 26.5	19.2 21.5	64.8 61.4	96.0 94.2	93.0 89.9	54.6 57.5	22.1 31.2	13.0 19.9	34.2 34.0
1974 1973 1972 ³ 1971	3,205 3,120 3,180 2,757 2,771	30 51 36 43 31	318 297 302 275 304	762 794 820 729 756	1,044 965 1,056 866 855	702 671 610 542 557	286 266 286 238 219	54 55 58 55 43	6 17 12 8 5	27.9 27.5 28.4 25.1 25.7	21.7 21.3 22.7 21.7 24.6	69.6 72.7 75.4 67.3 69.7	102.8 95.2 104.9 86.9 86.9	89.0 86.2 79.2 71.5 74.9	56.0 53.2 58.6 50.1 47.4	27.6 29.3 32.0 31.3 25.4	13.6 40.4 29.3 20.0 12.9	35.9 35.3 36.6 32.2 32.9
White, female																		
1995	7,377	11	136	742	1,040	1,368	2,024	1,602	454	6.6	0.8	4.2	7.7	14.4	22.1	26.0	19.9	4.4
1994 1993 1992 1991	7,498 7,571 7,428 7,646 7,621	21 21 23 18 26	158 168 174 198 203	719 698 628 646 619	1,057 957 958 949 930	1,402 1,532 1,486 1,616 1,670	2,147 2,172 2,187 2,241 2,245	1,538 1,628 1,542 1,567 1,538	456 393 429 409 387	6.8 6.9 6.8 7.1 7.1	0.9 1.0 1.0 1.1 1.1	4.1 4.1 3.8 3.9 3.9	8.2 7.7 8.0 8.5 8.5	14.8 16.2 15.7 16.9 17.3	23.3 23.6 23.9 24.6 24.8	25.3 27.1 26.1 26.9 26.9	19.6 17.4 19.9 19.6 19.1	4.5 4.6 4.6 4.8 4.9
1989	7,835 7,600 7,642 7,869 7,922	23 27 24 33 30	185 207 223 213 225	566 616 606 593 574	1,006 998 988 1,081 1,188	1,857 1,915 1,918 2,108 2,103	2,291 2,142 2,195 2,253 2,217	1,520 1,401 1,374 1,284 1,286	387 294 314 303 299	7.4 7.2 7.3 7.6 7.7	1.0 1.2 1.3 1.2 1.3	3.7 4.1 4.1 4.2 4.2	9.3 9.5 9.8 10.9 12.0	19.0 19.2 19.0 20.5 20.3	25.6 24.2 25.0 26.0 26.0	27.1 25.6 25.6 24.6 25.2	19.8 15.4 16.9 16.8 17.1	5.1 5.1 5.2 5.5 5.6
1984	8,169 8,146 8,210 8,648 8,876	32 36 38 50 41	185 204 192 178 204	574 572 593 652 734	1,322 1,378 1,389 1,668 1,812	2,245 2,386 2,435 2,554 2,615	2,290 2,126 2,183 2,254 2,227	1,266 1,179 1,160 1,044 1,017	255 263 220 244 224	8.0 8.0 8.1 8.6 8.9	1.1 1.2 1.2 1.1 1.3	4.3 4.5 4.9 5.7 6.5	13.4 13.9 13.9 16.5 17.6	21.5 22.9 23.4 24.6 25.3	27.2 25.5 26.6 27.9 28.0	25.4 24.3 24.6 22.7 22.8	15.0 16.0 13.9 16.1 15.6	5.9 6.0 6.2 6.7 7.1
1979 1978 1977 1976 1975	8,574 8,464 8,721 8,833 8,871	49 48 46 40 72	181 188 185 186 170	727 743 782 829 801	1,882 2,022 2,065 2,202 2,350	2,581 2,558 2,616 2,736 2,844	2,058 1,871 2,063 1,876 1,765	895 844 791 797 730	200 188 168 167 137	8.6 8.6 9.0 9.1 9.3	1.2 1.2 1.3 1.3 1.2	6.6 6.9 7.6 8.2 8.0	18.1 19.2 19.4 20.4 21.5	25.3 25.5 26.6 28.2 29.8	26.3 24.4 27.5 25.5 24.7	20.5 19.8 19.0 19.6 18.2	14.4 14.2 13.4 14.2 11.9	7.0 7.1 7.4 7.7 7.9
1974 1973 1972 ³ 1971 1970	9,421 9,444 9,174 9,218 9,075	62 69 68 101 102	223 195 194 192 172	996 1,023 1,044 1,089 1,121	2,511 2,632 2,578 2,619 2,658	2,923 2,919 2,750 2,704 2,624	1,839 1,755 1,670 1,646 1,532	717 708 744 728 728	150 143 124 139 137	9.9 10.0 9.8 10.0 9.9	1.7 1.5 1.6 1.7 1.5	9.9 10.1 10.3 10.6 10.8	22.9 24.0 23.6 24.1 24.6	31.1 31.4 29.9 29.8 29.4	26.4 25.8 25.0 25.2 23.9	18.3 18.6 20.2 20.4 21.1	13.8 14.1 12.9 15.3 16.1	8.5 8.7 8.5 8.7 8.7
Black, female																		
1995	1,079 1,157 1,133 1,140 1,336 1,363	9 7 11 6 8 13	42 60 60 66 100 100	214 238 261 239 310 317	262 278 253 246 285 277	251 245 232 255 261 321	174 216 197 221 258 212	103 83 99 85 91 104	24 30 20 22 21 18	6.2 6.7 6.7 6.8 8.1 8.4	1.5 2.1 2.1 2.3 3.4 3.4	7.7 8.5 10.0 9.5 12.8 13.8	14.8 16.5 15.8 16.1 19.6 19.5	20.9 20.7 19.9 22.1 22.8 28.2	18.4 23.1 21.3 24.1 28.5 23.8	19.5 16.0 19.3 16.6 18.1 20.9	12.2 15.9 11.0 12.9 12.9 11.4	6.1 6.7 6.6 6.9 8.3 8.7
1989	1,337	15	101	279	282	333	231	78	17	8.4	3.5	12.7	20.3	29.4	26.4	16.1	11.1	8.8

Table 2. Age-specific number of deaths, age-specific death rates, and age-adjusted death rates¹ from all liver cirrhosis (ICD-9: 571 and 572.3), United States, 1970–95.

Race, sex,			Nur	nber of d	eaths, b	y age gro	oup				Deaths	s per 100	0,000 pc	pulation	n, by age	group		Age-adjusted deaths per
and year	All ²	0–24	25–34	35–44	45–54	55–64	65–74	75–84	85+	All	25–34	35–44	45–54	55–64	65–74	75–84	85+	100,000 population
1988	1,431 1,345 1,347 1,446 1,446 1,460 1,441 1,616 1,776 1,619 1,701 1,762 1,734 1,725 1,885 1,937 1,830	8 14 14 7 18 22 27 21 36 14 24 37 30 30 30 35 31	114 144 153 172 168 172 169 171 191 164 174 181 167 169 203 195 240	318 316 283 290 277 294 292 333 371 356 372 396 428 423 472 504 530	313 298 306 328 308 345 356 420 487 468 522 545 532 524 603 629 538	322 291 311 320 374 366 325 380 419 357 378 377 358 372 390 379 308	231 198 210 221 210 192 200 223 211 200 186 166 170 164 146 158 144	106 73 66 93 80 60 58 56 54 55 40 30 30 38 24	18 10 4 13 10 9 13 12 7 5 4 8 6 12 5 1	9.1 8.7 8.8 9.6 9.7 9.9 11.3 12.6 11.8 12.6 13.2 13.4 14.8 15.5 14.9	4.0 5.1 5.5 6.3 6.3 6.7 6.8 7.1 8.4 7.6 8.5 9.2 8.8 9.4 11.8 11.9	15.2 15.7 14.7 15.8 15.8 17.6 18.2 21.8 24.9 24.7 26.5 28.8 31.7 31.9 35.7 38.3 40.4	22.9 22.3 23.3 25.3 24.0 27.1 28.2 33.3 38.7 37.5 42.1 44.3 43.0 49.9 52.5 45.6	28.4 25.7 27.6 28.5 33.6 33.2 29.8 35.3 39.5 34.1 36.8 37.4 36.2 38.5 41.0 40.6 33.6	26.7 23.2 24.9 26.6 25.5 23.6 24.9 28.2 27.2 26.1 25.0 22.9 24.2 24.2 24.2 22.1 24.8 23.2	22.5 15.9 14.8 21.6 19.2 14.9 14.9 15.0 15.7 11.8 16.0 12.9 9.9 10.4 13.9 9.3	12.2 7.0 2.9 9.8 7.8 7.3 11.1 10.7 6.6 4.9 4.1 8.7 6.9 14.1 6.2 1.3 5.6	9.5 9.2 9.5 10.2 10.5 11.0 11.0 12.7 14.4 13.5 14.6 15.4 15.5 15.7 17.6 18.4 17.7
1971 1970	1,713 1,766	35 39	181 216	504 550	545 504	296 303	117 118	28 33	7 2	14.1 14.9	12.1 14.7	38.6 42.0	46.8 44.2	33.0 34.6	19.4 20.2	11.4 14.3	10.4 3.2	16.9 17.7

¹ Rates per 100,000 population computed by direct method, using as the standard population the age distribution of the total population of the United States as enumerated in 1940.

² Includes deaths in which age of decedent was unknown; age-specific numbers of deaths may not sum to total.

³ Deaths based on a 50-percent sample.

Table 3. Age-specific number of deaths, age-specific death rates, and age-adjusted death rates¹ from liver cirrhosis with and without mention of alcohol, United States, 1970–95.

ICDA-8 code			Nun	nber of d	eaths, b	y age gro	oup				Deaths	s per 100	0,000 pc	pulation	, by age	group		Age-adjusted deaths per
and year	All ²	0–24	25–34	35–44	45–54	55–64	65–74	75–84	85+	All	25–34	35–44	45–54	55–64	65–74	75–84	85+	100,000 population
Alcohol-related liver cirrhosis (571.0)																		
1995	12,211	13	416	2,476	3,339	2,902	2,231	738	91	4.6	1.0	5.8	10.7	13.7	11.9	6.6	2.5	4.0
1994	12,241	13	499	2,449	3,146	2,921	2,383	722	103	4.7	1.2	5.9	10.5	13.9	12.7	6.6	2.9	4.1
1993	11,653	13	455	2,426	2,887	2,882	2,219	688	72	4.5	1.1	6.0	10.1	13.8	11.9	6.4	2.1	4.0
1992 1991	11,868 11,688	12 13	514 542	2,383 2,378	2,819 2,654	3,067 3,029	2,303 2,245	672 741	96 77	4.7 4.6	1.2 1.3	6.0 6.1	10.3 10.3	14.7 14.4	12.5 12.3	6.4 7.2	2.9 2.4	4.1 4.2
1990	11,985	19	580	2,381	2,700	3,198	2,320	701	76	4.8	1.3	6.3	10.7	15.2	12.8	6.9	2.5	4.3
1989	12,308	23	650	2,302	2,862	3,376	2,328	696	65	5.0	1.5	6.3	11.6	15.9	13.0	7.1	2.2	4.5
1988	11,792	17	665	2,163	2,710	3,376	2,169	630	58	4.8	1.5	6.2	11.3	15.7	12.3	6.6	2.0	4.4
1987 1986	11,265 11.060	27 30	665 708	2,033 1,866	2,575 2,482	3,282 3,188	2,031 2,174	582 548	64 58	4.6 4.6	1.6 1.7	5.9 5.7	11.2 11.0	15.1 14.5	11.7 12.7	6.2 6.0	2.3 2.1	4.3 4.3
1985	11,288	17	725	1,817	2,598	3,432	2,121	534	38	4.7	1.7	5.7	11.6	15.5	12.6	6.0	1.4	4.4
1984	11,386	25	640	1,791	2,651	3,490	2,168	566	50	4.8	1.6	5.9	11.9	15.8	13.1	6.5	1.9	4.5
1983	11,076	22	653	1,625	2,694	3,444	2,091	509	35	4.7	1.6	5.6	12.1	15.6	12.8	6.0	1.4	4.4
1982 1981	11,293 12,085	28 35	653 630	1,669 1,772	2,830 3,219	3,497 3,726	2,110 2,166	466 472	36 60	4.9 5.3	1.7 1.6	6.0 6.7	12.6 14.3	15.9 17.0	13.1 13.6	5.7 5.9	1.5 2.6	4.6 5.0
1980	12,938	36	694	1,942	3,554	3,923	2,274	453	56	5.7	1.9	7.6	15.6	18.1	14.6	5.9	2.5	5.5
1979	12,547	28	652	1,867	3,520	3,864	2,189	381	42	5.6	1.8	7.4	15.3	18.0	14.3	5.0	1.9	5.4
1978	12,828	38	613	1,873	3,705	3,957	2,138	452	47	5.8	1.8	7.7	16.0	18.8	14.3	6.1	2.3	5.6
1977 1976	13,029 13,289	40 37	640 605	1,906 2,061	3,838 3,995	4,028 4,084	2,109 2,068	420 402	44 33	5.9 6.1	1.9 1.9	8.1 8.9	16.4 16.9	19.5 20.1	14.4 14.4	5.8 5.7	2.2 1.8	5.8 6.0
1975	12,932	35	601	1,960	4,076	3,968	1,890	367	32	6.0	1.9	8.6	17.2	19.8	13.6	5.3	1.7	5.9
1974	13,151	36	608	2,049	4,235	3,962	1,867	349	41	6.2	2.0	9.0	17.8	20.1	13.7	5.1	2.4	6.1
1973	12,624	44	529	2,085	4,032	3,850	1,711	332	39	6.0	1.8	9.2	17.0	19.7	12.9	5.0	2.4	5.9
1972 ³ 1971	12,576 11,892	30 37	536 517	2,226 2,072	4,072 3,826	3,672 3,563	1,692 1,504	312 335	34 35	6.0 5.7	2.0 2.0	9.8 9.1	17.2 16.3	19.0 18.7	13.0 11.8	4.8 5.3	2.2 2.4	6.0 5.7
1970	11,207	15	513	2,040	3,658	3,251	1,406	300	22	5.5	2.0	8.9	15.7	17.4	11.3	4.9	1.6	5.4
Specified liver cirrhosis (571.8)																		
1995	1,371	23	59	194	218	207	308	277	82	0.5	0.1	0.5	0.7	1.0	1.6	2.5	2.2	0.4
1994	1,391	24	78	187	221	220	331	265	65	0.5	0.2	0.5	0.7	1.0	1.8	2.4	1.8	0.4
1993	1,614	36	74	244	230	251	377	329	73	0.6	0.2	0.6	0.8	1.2	2.0	3.1	2.1	0.5
1992	1,789	30	79	249	245	282	446	357	100	0.7	0.2	0.6	0.9	1.3	2.4	3.4	3.1	0.5
1991 1990	1,821 1,811	30 23	110 119	227 241	272 250	330 327	440 459	338 316	70 73	0.7 0.7	0.3 0.3	0.6 0.6	1.1 0.9	1.6 1.6	2.4 2.5	3.3 3.1	2.2 2.4	0.6 0.6
1989	1,932	32	102	287	294	387	461	293	75	0.8	0.2	0.8	1.2	1.8	2.6	3.0	2.5	0.6
1988	2,067	35	161	316	309	410	473	295	67	0.8	0.4	0.9	1.3	1.9	2.7	3.1	2.3	0.7
1987	2,279	39	186	339	333	470	520	316	76	0.9	0.4	1.0	1.4	2.2	3.0	3.4	2.7	0.8
1986 1985	2,179 2,447	45 46	193 221	325 357	303 403	469 543	499 507	276 303	68 64	0.9 1.0	0.5 0.5	1.0 1.1	1.3 1.8	2.1 2.5	2.9 3.0	3.0 3.4	2.5 2.4	0.8 0.9
1984	2,555	54	227	383	431	574	513	313	60	1.1	0.6	1.3	1.9	2.6	3.1	3.6	2.3	0.9
1983	2,495	62	215	357	424	607	496	281	50	1.1	0.5	1.2	1.9	2.7	3.0	3.3	2.0	0.9
1982	2,669	63	226	371	507	645	511	292	53	1.2	0.6	1.3	2.3	2.9	3.2	3.6	2.2	1.0

Table 3. Age-specific number of deaths, age-specific death rates, and age-adjusted death rates¹ from liver cirrhosis with and without mention of alcohol, United States, 1970–95. (Continued)

ICDA-8 code			Nun	nber of d	eaths, b	y age gro	oup				Deaths	per 100	0,000 pc	pulation	, by age	group		Age-adjusted deaths per
and year	AII ²	0–24	25–34	35–44	45–54	55–64	65–74	75–84	85+	All	25–34	35–44	45–54	55–64	65–74	75–84	85+	100,000 population
1981	2,654	76	245	391	537	592	516	233	63	1.2	0.6	1.5	2.4	2.7	3.3	2.9	2.7	1.1
1980	3,000	79	285	452	588	714	558	249	72	1.3	0.8	1.8	2.6	3.3	3.6	3.2	3.2	1.2
1979	2,764	65	244	413	613	633	493	234	65	1.2	0.7	1.6	2.7	3.0	3.2	3.1	3.0	1.1
1978	3,641	60	252	516	839	954	676	284	55	1.6	0.7	2.1	3.6	4.5	4.5	3.8	2.7	1.5
1977	3,908	78	262	504	963	1,034	710	289	63	1.8	0.8	2.1	4.1	5.0	4.8	4.0	3.2	1.7
1976	4,092	65	237	560	1,000	1,132	700	336	58	1.9	0.7	2.4	4.2	5.6	4.9	4.8	3.1	1.8
1975	4,549	79	280	575	1,126	1,311	812	315	50	2.1	0.9	2.5	4.7	6.5	5.8	4.5	2.7	2.0
1974 1973 1972 ³ 1971	5,025 5,341 5,140 5,361 5,520	80 73 78 101 98	293 322 272 255 261	735 742 780 845 864	1,315 1,475 1,360 1,396 1,513	1,311 1,498 1,394 1,434 1,491	908 867 862 901 870	333 303 322 354 362	49 57 70 72 59	2.4 2.5 2.5 2.6 2.7	1.0 1.1 1.0 1.0	3.2 3.3 3.4 3.7 3.7	5.5 6.2 5.7 5.9 6.5	6.6 7.7 7.2 7.5 8.0	6.7 6.5 6.6 7.1 7.0	4.9 4.6 5.0 5.6 5.9	2.8 3.5 4.5 4.8 4.2	2.2 2.4 2.3 2.5 2.6
Unspecified liver cirrhosis (571.9)																		
1995	11,763	36	133	1,043	1,701	2,276	3,402	2,503	668	4.5	0.3	2.5	5.5	10.8	18.2	22.5	18.3	3.2
1994	11,888	22	160	1,075	1,694	2,416	3,470	2,400	649	4.6	0.4	2.6	5.7	11.5	18.6	22.0	18.3	3.4
	12,074	32	197	1,102	1,606	2,504	3,528	2,502	601	4.7	0.5	2.7	5.6	12.0	18.9	23.3	17.6	3.5
	11,750	28	176	987	1,528	2,458	3,551	2,416	603	4.6	0.4	2.5	5.6	11.7	19.2	23.0	18.4	3.4
	12,053	23	212	991	1,554	2,717	3,573	2,396	592	4.8	0.5	2.5	6.0	12.9	19.5	23.2	18.7	3.6
	12,124	34	195	1,001	1,567	2,807	3,532	2,422	564	4.9	0.5	2.7	6.2	13.3	19.5	24.0	18.5	3.7
1989	12,583	36	233	1,029	1,588	3,024	3,731	2,372	568	5.1	0.5	2.8	6.5	14.2	20.9	24.1	19.2	3.9
1988	12,713	35	235	1,102	1,782	3,234	3,661	2,191	470	5.2	0.5	3.1	7.5	15.0	20.8	22.8	16.3	4.1
1987	12,807	39	296	1,059	1,732	3,360	3,693	2,160	466	5.3	0.7	3.1	7.5	15.5	21.2	23.1	16.6	4.2
1986	13,071	34	285	1,016	1,861	3,546	3,821	2,053	454	5.4	0.7	3.1	8.2	16.1	22.3	22.5	16.6	4.3
1985	13,192	37	304	952	1,994	3,611	3,782	2,070	440	5.5	0.7	3.0	8.9	16.3	22.5	23.3	16.5	4.4
1984	13,527	47	301	910	2,162	3,792	3,928	2,001	384	5.7	0.7	3.0	9.7	17.1	23.7	23.1	14.8	4.7
1983	13,843	37	342	985	2,343	4,046	3,790	1,903	394	5.9	0.9	3.4	10.5	18.3	23.1	22.6	15.7	4.9
1982	13,876	56	325	981	2,389	4,052	3,880	1,833	358	6.0	0.8	3.5	10.7	18.4	24.1	22.4	14.7	5.0
1981	14,712	49	321	1,084	2,657	4,343	4,090	1,787	378	6.4	0.8	4.1	11.8	19.8	25.8	22.4	16.1	5.4
1980	14,792	65	314	1,104	2,935	4,444	3,906	1,687	331	6.5	0.8	4.3	12.9	20.5	25.1	21.8	14.8	5.6
1979	14,540	62	333	1,222	3,009	4,313	3,755	1,551	293	6.5	0.9	4.9	13.1	20.1	24.5	20.4	13.5	5.6
1978	13,597	80	315	1,117	2,909	4,085	3,395	1,396	295	6.1	0.9	4.6	12.5	19.4	22.7	18.9	14.2	5.3
1977	13,911	77	357	1,184	3,104	4,199	3,389	1,353	245	6.3	1.1	5.0	13.3	20.3	23.1	18.7	12.4	5.6
1976	14,072	81	330	1,265	3,268	4,342	3,272	1,247	262	6.5	1.0	5.5	13.8	21.3	22.9	17.7	14.0	5.8
1975	14,142	101	288	1,273	3,345	4,409	3,240	1,248	236	6.6	0.9	5.6	14.1	22.0	23.2	17.9	12.9	5.9
1974	15,143	111	356	1,453	3,655	4,653	3,433	1,247	232	7.1	1.2	6.4	15.4	23.5	25.2	18.3	13.4	6.4
1973	15,385	105	350	1,585	3,798	4,766	3,320	1,230	229	7.3	1.2	7.0	16.0	24.4	25.0	18.5	14.0	6.6
1972 ³	14,860	94	366	1,608	3,774	4,540	3,002	1,262	212	7.1	1.3	7.1	16.0	23.5	23.0	19.5	13.6	6.5
1971	14,555	128	316	1,495	3,818	4,417	2,947	1,212	217	7.0	1.2	6.5	16.2	23.2	23.1	19.2	14.6	6.4
1970	14,672	146	326	1,618	3,727	4,426	2,970	1,231	225	7.2	1.3	7.0	16.0	23.7	23.8	20.0	15.9	6.6

¹ Rates per 100,000 population computed by direct method, using as the standard population the age distribution of the total population of the United States as enumerated in 1940.

² Includes deaths in which age of decedent was unknown; age-specific numbers of deaths may not sum to total.

³ Deaths based on a 50-percent sample.

Table 4. Age-adjusted death rates¹ from liver cirrhosis with and without mention of alcohol by race and sex, United States, 1970–95.

ICDA-8 code	All races and	W	/hite	ВІ	ack
and year	both sexes	Male	Female	Male	Female
Alcohol-related cirrhosis (571.0)					
1995	4.0	6.1	1.8	8.8	3.2
1994	4.1	6.1	1.9	9.8	3.4
1993	4.0	5.9	1.8	9.5	3.2
1992	4.1	6.1	1.8	10.6	3.7
		_	_		
1991	4.2	6.0	1.9	10.6	4.3
1990	4.3	6.1	1.9	12.5	4.7
1989	4.5	6.4	2.0	13.3	4.7
1988	4.4	6.1	2.0	13.2	4.9
1987	4.3	5.9	1.9	13.5	4.6
1986	4.3	5.8	2.0	12.6	4.6
1985	4.4	6.0	2.0	14.0	5.1
1984	4.5	6.2	2.1	12.8	5.1
1983	4.4	6.1	2.1	12.0	5.0
1982	4.6	6.4	2.2	12.3	5.1
1981	5.0	6.7	2.5	14.6	5.8
1980	5.5	6.7 7.2	2.5 2.6	16.4	5.6 6.7
		1.2	2.0		-
1979	5.4	7.1	2.6	16.1	6.5
1978	5.6	7.2	2.8	16.1	7.1
1977	5.8	7.4	2.9	17.6	7.0
1976	6.0	7.8	2.9	18.3	7.4
1975	5.9	7.8	2.9	17.1	7.1
1974	6.1	8.0	3.0	17.2	7.4
1973	5.9	7.8	2.9	16.1	7.3
1972 ²	6.0	7.8	3.0	17.1	7.2
1971	5.7	7.5	2.8	15.5	7.1
1970	5.4	7.3 7.2	2.7	15.1	7.1
pecified cirrhosis (571.8)	3.4	7.2	2.1	13.1	7.1
1995	0.4	0.3	0.4	0.6	0.4
1994	0.4	0.4	0.4	0.6	0.5
1993	0.5	0.5	0.4	0.8	0.6
1992	0.5	0.5	0.5	1.0	0.6
1991	0.6	0.5	0.5	1.0	0.8
1990	0.6	0.5	0.5	1.1	0.7
1989	0.6	0.6	0.6	1.2	0.7
1988	0.6	0.6	0.6	1.2	0.7
1987	0.7	-	0.6	1.5	1.0
		0.8			
1986	0.8	0.7	0.6	1.3	1.1
1985	0.9	0.8	0.7	1.9	1.1
1984	0.9	0.9	0.8	2.0	1.3
1983	0.9	0.8	0.8	2.3	1.5
1982	1.0	0.9	0.8	2.7	1.4
1981	1.1	1.0	0.8	2.9	1.7
1980	1.2	1.1	0.9	3.5	1.9
1979	1.1	1.0	0.8	3.6	1.9
1978	1.5	1.6	1.1	4.0	2.3
1977	1.7	1.7	1.1	4.9	2.6
1976	1.8	1.7	1.2	4.7	2.6
1975	2.0	2.1	1.4	5.7	2.7
				_	
1974	2.2	2.4	1.5	6.9	3.6
1973	2.4	2.6	1.6	7.1	4.1
1972 ²	2.3	2.5	1.6	6.8	3.6
1971	2.5	2.8	1.7	5.9	3.6
1970	2.6	2.9	1.8	6.3	3.9

Table 4. Age-adjusted death rates¹ from liver cirrhosis with and without mention of alcohol by race and sex, United States, 1970–95 (Continued)

ICDA-8 code and year	All races and both sexes	White		Black	
		Male	Female	Male	Female
Unspecified cirrhosis (571.9)					
1995	3.2	4.3	2.2	5.4	2.4
1994	3.4	4.5	2.3	5.4	2.7
1993	3.5	4.6	2.3	5.9	2.8
1992	3.4	4.6	2.3	5.7	2.6
1991	3.6	4.8	2.4	5.9	3.2
1990	3.7	4.9	2.4	6.3	3.3
1989	3.9	5.2	2.6	6.8	3.4
1988	4.1	5.6	2.6	6.9	3.7
1987	4.2	5.6	2.7	7.4	3.7
1986	4.3	5.8	2.9	7.3	3.6
1985	4.4	6.0	2.9	7.7	3.9
1984	4.7	6.3	3.0	7.8	3.9
1983	4.9	6.6	3.1	8.6	4.3
1982	5.0	6.9	3.1	8.1	4.3
1981	5.4	7.3	3.5	9.3	5.1
1980	5.6	7.4	3.6	10.1	5.5
1979	5.6	7.5	3.5	10.5	4.9
1978	5.3	7.2	3.3	10.3	4.9
1977	5.6	7.6	3.4	10.5	5.5
1976	5.8	7.8	3.6	10.8	5.3
1975	5.9	8.0	3.6	11.1	5.6
1974	6.4	8.6	4.1	11.8	6.2
1973	6.6	8.9	4.1	12.0	7.0
1972 ²	6.5	8.7	4.0	12.7	6.9
1971	6.4	8.6	4.2	10.8	6.3
1970	6.6	8.7	4.2	11.5	6.8

Rates per 100,000 population computed by the direct method, using as the standard population the age distribution of the total population of the United States as enumerated in 1940.

² Deaths based on a 50-percent sample.